Cliective October 1, 2003							3062032J.					
	CLAIMS A	S FILED (Colum			ımn 2)		MALL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS		1				Γ	RATE	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		8	ASIC FE	€ 385.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS		· mlnus 20=		. 0		F	X\$ 9=	0	OR	X\$18=		
INDEPENDENT CLAIMS		nus 3 =		0 -			X43=	0	OR		<u></u>	
MULTIPLE DEPEN	RESENT				+145		0	OR		^		
* If the difference	less than zero, enter "0" in column 2				L	OTAL	385	ł	Ē	3:3		
Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER		
ENTA	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	SER OUSLY	PRESENT · EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independent	• (Minus	1. m	1	-		X\$ 9=		OR	X\$18=	·	
Independent	* / ENTATION OF M	Minus	- CENDEND) [() () ()	- <u> </u>		X43=		OŖ	X86=		
rina i Phesi	·	OLTIPUE DE	EPENDEN	CCAIM		ا آ	+145=		OR	+290=		
01/04/05	(Column 1)	•	(Colu	mn 2)	(Column 3)	. AD	TOTAL DIT. FEE		OR	ADDIT. FEE	·	
Total Independent	OLAMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	10	Minus	4 6	}D	-)		X\$ 9=		OR	X\$18=		
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65,67,68,						'	145=		OR	+290=	·	
1017401	12,46	•			• ••	AD	TOTAL DIT. FEE		OR	. TOTAL ADDIT. FEE	4001	
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Total	# .	Minus	44	·	=		(\$ 9=	ree	OR	X\$18=	<u>FEE</u>	
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FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	···	-			OR.	<u> </u>		
						+	145=		OR	+290=		
"If the "Highest No	umn I is less than t umber Previously P umber Previously P mber Previously Pa	ald For' IN Th aid For' IN Th	(IS SPACE É (IS SPACE I	s less that s less that	n 20, enter "20." n 3, enter "3."		TOTAL NT. FEE			TOTAL VDDIT, FEE		

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